### The Road to PM Understanding

"Are we there yet?

The US EPA PM Centers Workshop Washington, DC September 27, 2004

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### The Road to PM Understanding

- The Questions in 1997
- The Road We're On
- Progress and the Roads Not Yet Traveled
  - Epidemiology
  - Exposure
  - Mechanisms and Susceptibility
  - Toxicity of PM Components and Sources
- Are we there yet?



#### The Questions in 1997

- 1. How strong is the short and long term epidemiology?
  - Statistics, other pollutants, harvesting, exposure
- 2. Exposure
  - Do central monitors represent personal exposure?
- 3. Mechanisms and Susceptibility
  - Can there be a plausible biological mechanism? Who's affected?
- 4. Are all particles created equal?
  - The toxicity of PM components and sources



#### The Straight and Narrow Road

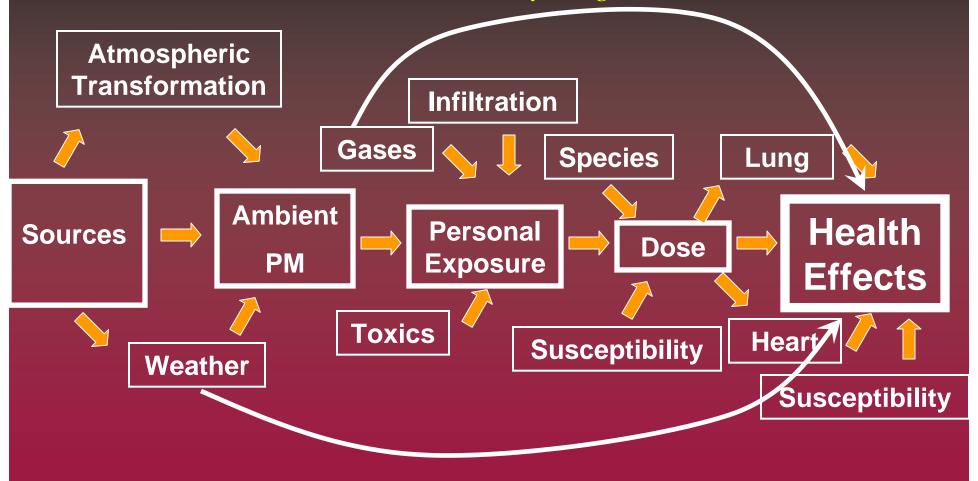
A General Framework for Integrating PM Research from the NAS report on PM research Priorities 2004





#### The Real Route

AAA Never Saw Anything Like It





#### Measuring Progress

- Good Science is messy and takes time
  - Multiple paths (and dead ends...)
  - Understanding grows with the number of studies
- The NRC Committee identified a 13-year plan in 1998
  - We are only 6 years into that
- We are going to be at the PM NAAQS for 10 20 years
  - SIPs, NAAQS reviews, Accountability



# 1. Epidemiology The Questions in 1997

- Could the time series studies be right?
  - Statistical methods
  - Other pollutants, PM sizes
  - Exposure
  - "Harvesting"
- Could the few longer term studies withstand close scrutiny?
- NRC Topics 7, 10



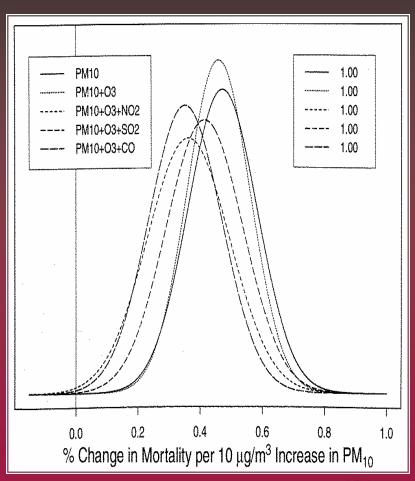
### Epidemiology: Progress on Short Term Effects

- Systematic Multi-city studies
  - National Morbidity, Mortality and Air Pollution (NMMAPS) funded by HEI
  - APHEA in Europe funded by EU
- More studies with PM2.5, and the gaseous pollutants
- First efforts on components, sources



## NMMAPS The Original Results (HEI 2000)

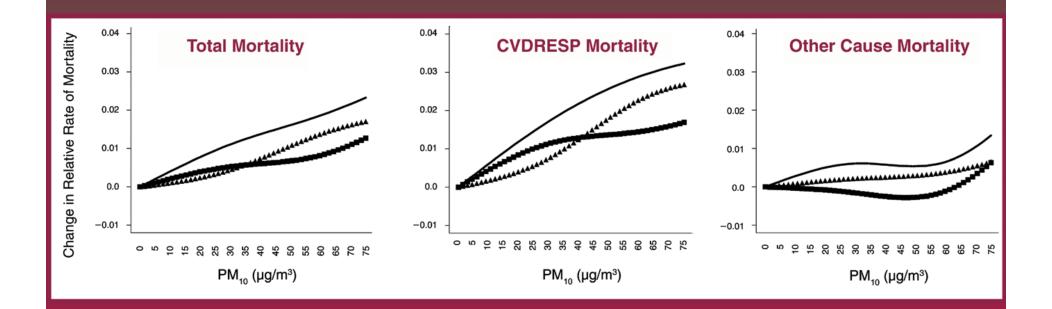
- Relatively Consistent Increase in Mortality:
  - 0.4% per  $10 \,\mu$  /m<sup>3</sup> of PM  $_{10}$
- Smaller results than previous U.S. analyses
- Apparently not sensitive to inclusion of other pollutants
- Enhanced confidence in results
- Some continuing questions
  - Especially different results in different regions





#### **NMMAPS**

Concentration - Response for the 20 Largest US Cities (Daniels et al HEI 2004)





### Epidemiology: Progress on Long-term Effects

- Reanalysis by HEI of two major long-term studies
  - Harvard 6 Cities and American Cancer Society (ACS)
- Follow-up of the ACS cohort (JAMA 2002)
- A few additional studies reported
  - Southern California Children's Study
  - Veteran's Study
  - Netherlands Cohort Pilot Study



## Reanalysis Results Sensitivity Analyses with Additional Variables

#### Overall, the reanalysis:

- Assured the quality of the data
- Replicated the original results,
- Tested those results against alternative explanations without substantively altering the original findings of an association between indicators of particles and mortality

#### • *However*, also identified:

- Relationship with education
- Effects of SO2

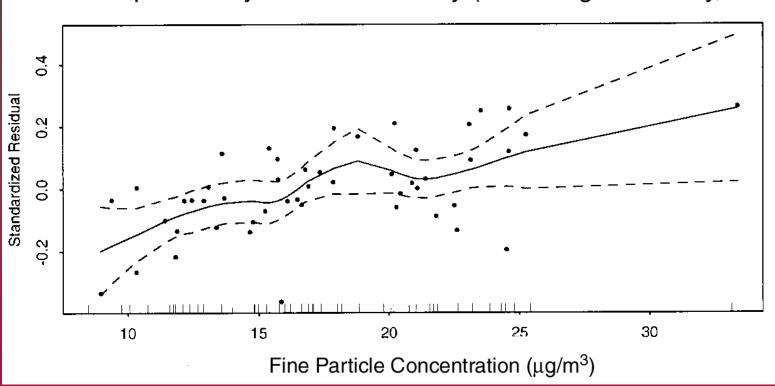
#### **Results from ACS Study Reanalysis**

<u>Analysis</u>	PM2.5	Sulfates
Original	1. <b>17</b> (1.08,1.27)	1. <b>15</b> (1.08,1.22)
Full	1. <b>18</b> (1.09,1.26)	1. <b>15</b> (1.09,1.21)
Extended	1. <b>18</b> (1.09,1.26)	1. <b>15</b> (1.09,1.21)



## Reanalysis Results ACS Cardiopulmonary Mortality PM<sub>2.5</sub>

Cardiopulmonary Disease Mortality (Excluding Boise City, Idaho)





# Epidemiology: Continuing Challenges

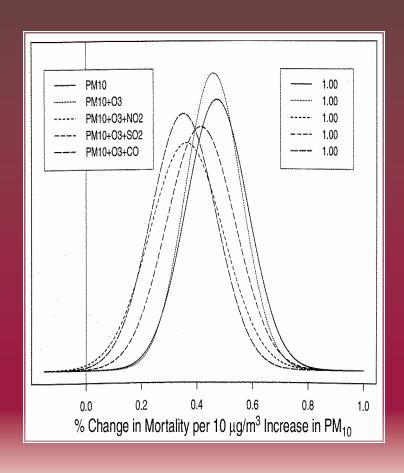
- Need for continuous improvement in time series models, how to deal with weather
- We need more long-term studies
  - Still only a handful
- The gases have not gone away
  - Do not seem to eliminate PM effect
  - But several also show associations (SO2, NO2)
  - Does this mean independent effects? A surrogate for something else? Co-effects?

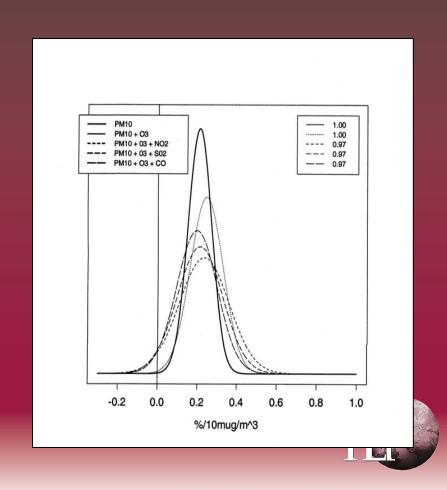


## The Time Series Models Challenge (GAM) NMMAPS: Revised Results

Original Results

Revised Results



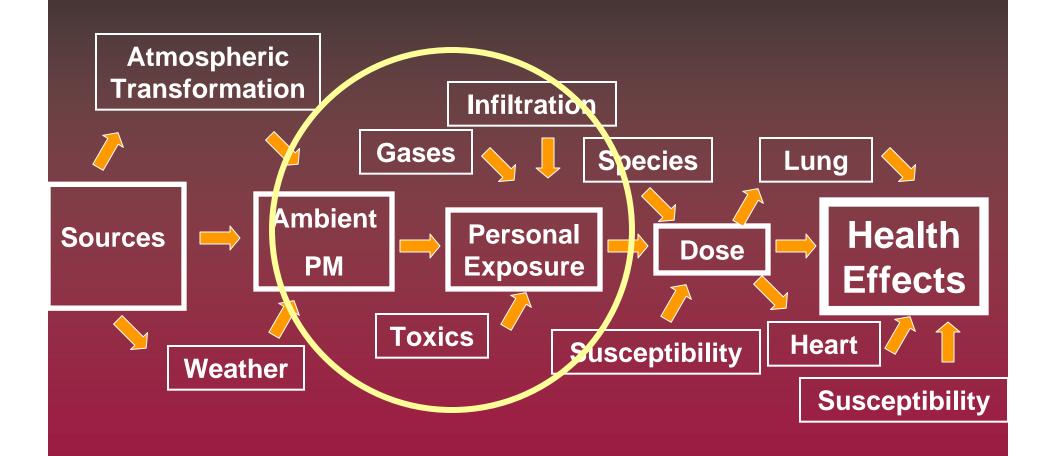


### Revised Analysis

- Over 30 studies identified by CASAC, EPA for reanalysis
- Mean estimates of effects in revised analyses generally smaller
  - 5% to 35% reduction
- Effect for PM10 still does not appear to be affected by copollutants
- Reanalyses renewed questions about the role of other factors (especially weather)
- HEI Review Panel Bottom Line:
  - Studies continue to find associations with PM
    - some benefits estimates will be smaller
    - Need for continuous improvement



### 2. Exposure

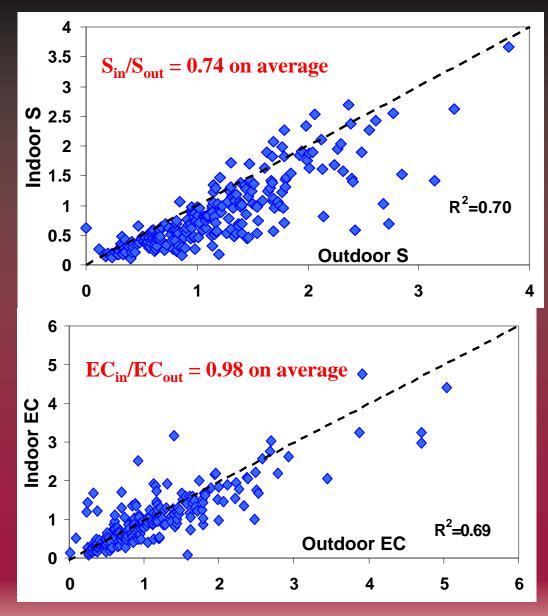




#### Exposure Progress

- Can central monitors reflect actual personal exposure? (NRC Topics 1, 2)
  - Few studies available in 1997
- A number of new studies now completed
  - EPA, HEI, API, EPRI
  - Outdoor, indoor and personal monitors
  - Elderly, children, asthmatics
- Outdoor PM contributes significantly to PM exposure
  - Other sources not correlated day-to-day with PM

#### Tracers of Outdoor Contribution to Indoor PM(RIOPA)



Courtesy of B Turpin (RIOPA study), presented at AAAR 2003 PM Colloquium

- ✓ S used as a tracer to determine the contribution of outdoor PM to indoor PM (Outdoor contribution to indoor PM =  $S_{in}/S_{out}*PM_{out}$ ).
- **✓**S tracer for regional PM

- ✓ In RIOPA, indoor and outdoor EC are highly correlated.
- **✓** Few homes appear to have indoor sources of EC.
- **✓** EC tracer of local combustion.

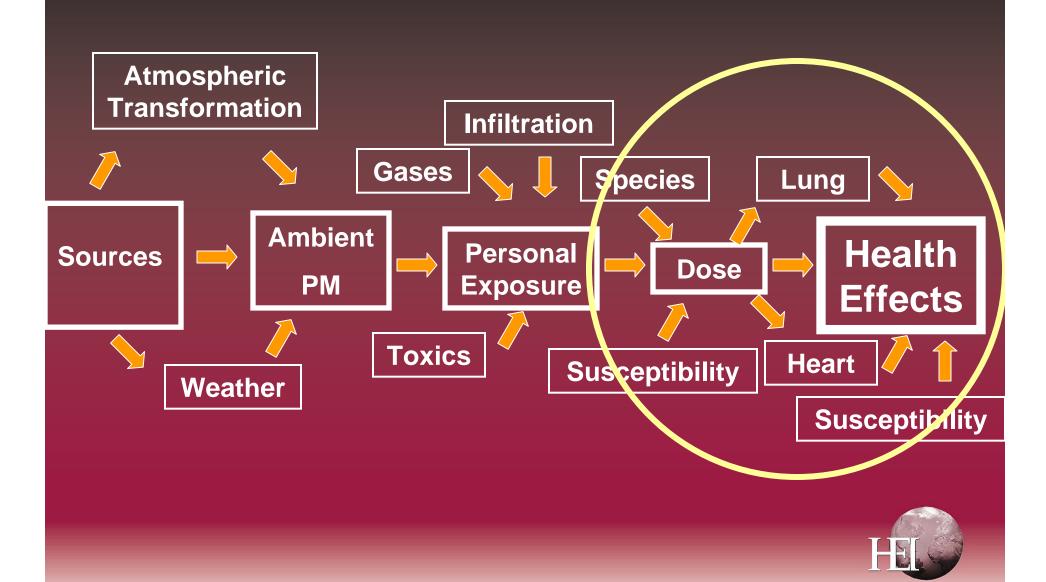


# Exposure: Continuing challenges

- Need to expand:
  - the number of subjects
  - the types of potentially susceptible individuals
- Better measurement of components and sources of personal exposure
  - NRC Topic 2
- New measurement techniques
  - to enhance ability to detect exposures
  - at lower cost with more precision



### 3. Mechanisms and Susceptibility



# Mechanisms/Susceptibility Progress

- 1997: Few studies suggesting plausible mechanisms
  - NRC Topics 6, 8, and 9
- Today:
  - Many potential pathways
  - Some toxicology or epidemiology for each
- Growing number of potential susceptibles
  - Elderly, children
  - Lung disease
  - Cardiovascular disease
  - Other diseases (e.g. diabetes found by Goldberg (2000), confirmed by Zanobetti (2002))

# Mechanisms/Susceptibility: Continuing Challenges

- We are in the early stages
  - Latest draft CD notes this in Chapters 7 and 8
  - Need to look at long term mechanisms
  - Need better dose-response info
- First human controlled exposure studies have shown few or modest effects
  - Need more human data (of necessity initial studies have been in healthy or only mildly ill volunteers)
- Draw more experts from other health fields into air pollution (e.g. CVD)

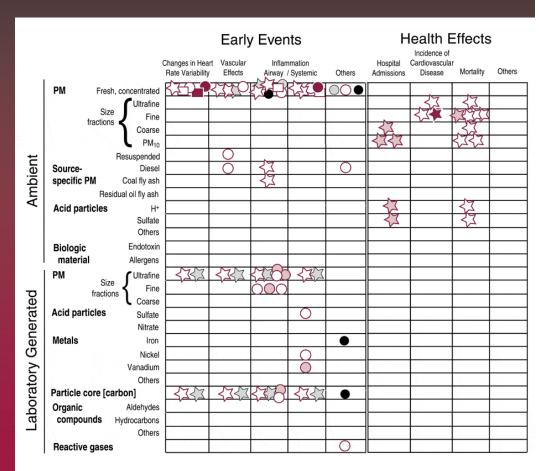
#### 4. Toxicity of PM Components and Sources

- 1997 questions (NRC Topic 5):
  - Is all PM equally toxic?
  - How can we ensure that we control the components and sources with the highest public health effects?
- Progress
  - More epidemiology and toxicology studies on this topic
  - To date:
    - High dose toxicology most things toxic
    - Many correlated components in epidemiology
    - As yet, few systematic approaches



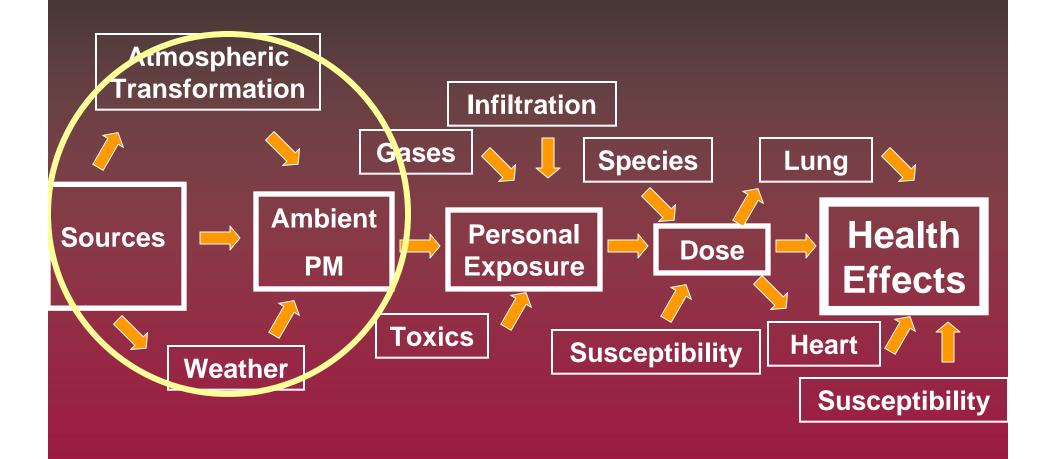
# Toxicity of Components and Sources Challenges

- Many empty boxes in the "matrix"
- Systematic approaches:
  - Tox: comparable tests of all components; realistic exposures
  - Epi: systematic multi-city approaches
  - Better tools for linking effect, components, gases, and sources





### 5. Tools for Source Apportionment



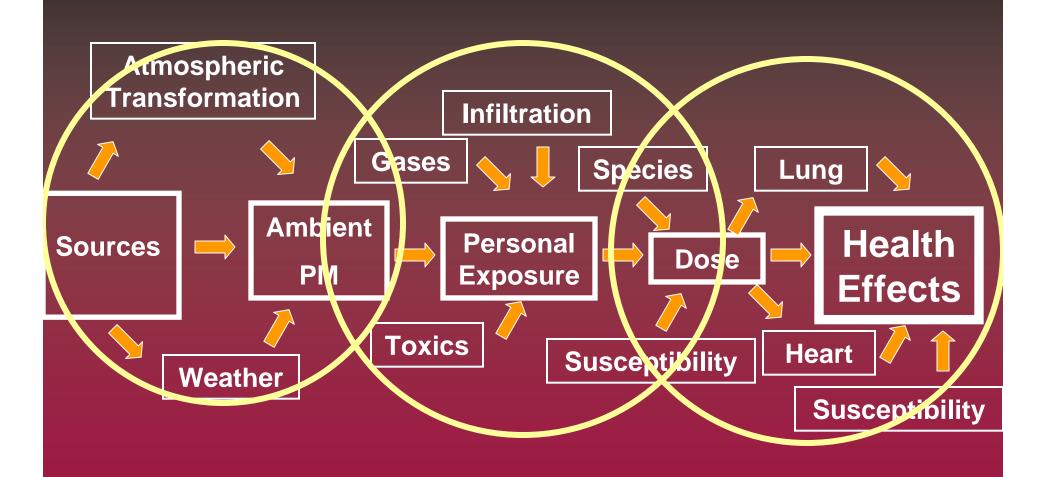


### Tools for Source Apportionment A Challenge Going Forward

- A key challenge for successful implementation of PM SIPs, controls
  - NRC Topics 3 and 4
- Need:
  - Enhanced emissions characterizations and factors for all primary and precursor emissions
  - Improved models for source apportionment and assessment of potential control strategies



### Are we there yet?





#### Are we there yet?

- We've made progress on the road to PM understanding
- We know more about:
  - The epidemiology
  - Exposure
  - A series of possible mechanisms and susceptible populations



#### Are we there yet?

- To reach our final destination cost effective public health strategies for PM over the next 10 years we will need:
  - Continuous improvement in epidemiology (models, more long term studies)
  - Improved mechanistic understanding (doseresponse, long term)
  - A systematic approach to toxicity of PM components and sources (and the gases!!!)
  - Enhanced tools for source apportionment



#### Thank You!

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